

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE		
						APPLICANT(S)			
						CLAIMS			
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND
1							51		
2							52		
3							53		
4							54		
5							55		
6							56		
7							57		
8							58		
9							59		
10							60		
11							61		
12							62		
13							63		
14							64		
15							65		
16							66		
17							67		
18							68		
19							69		
20							70		
21							71		
22	1						72		
23	1						73		
24		1					74		
25		1					75		
26		2					76		
27		2					77		
28		2					78		
29		2					79		
30		2					80		
31	1						81		
32	1						82		
33	1						83		
34	1						84		
35	1						85		
36	1						86		
37	1						87		
38	1						88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	3						TOTAL IND.		
TOTAL DEP.	4						TOTAL DEP.		
TOTAL CLAIMS	17						TOTAL CLAIMS		